

Benefits of the SF 330 Form

- SF 254/255 merged into a single streamlined SF 330 reducing paperwork and manhours to produce
- Expands essential information about qualifications and experience such as the newly required matrix of all
- Facilitates electronic usage by organizing the form in data blocks
- Reflects current architect-engineer disciplines, experience types and technology
- Eliminates information of marginal value such as a list of all offices of a firm

Part 1

General Information

STANDARD	1. Project Name/Location for which Firm is Filin
FORM (SF)	
255	
Architect-Engineer and Related Services Questionnaire for Specific Project	
2. Firm (or Joint-V	/enture) Name & Address
 Personnel by Di house personne 	scipline: (List each person only once, by primary on line (b).
(A) (B) (A) (B) (A) (B) (A) (B) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Administrative (A) (B) Electrical Enginrs Architects (A) (B) Estimators Chemical Enginrs (A) (B) Geologists Civil Enginrs (A) (B) Hydrologists Construction Inspct. (A) (B) Interior Designers Draftsmen (A) (B) Landscape Architects Ecologists (A) (B) Mechanical Enginrs Economists (A) (B) Mining Enginrs
	(A) = Winzler and (B) = A
5. If submittal is by (Attach SF 254	y JOINT-VENTURE- list participating firms and out for each if not on file with Procuring Office.)
5a Has this Joint-V	/enture previously worked together?



ARCHITECT - ENGINEER QUALIFICATIONS

	PART I - CONTR	RACT-SPECIFIC QUALIFICATIONS	
	A. C	ONTRACT INFORMATION	
ITLE AND LOC	ATION (City and State)	3	
UBLIC NOTICE	DATE	3. SOLICITATION OR PROJECT NU	JMBER
·			
		T-ENGINEER POINT OF CONTACT	
AME AND TIT	LE		
AME OF FIRM			
ELEPHONE N	UMBER 7. FAX NUMBER	8. E-MAIL ADDRESS	
		C. PROPOSED TEAM	
		he prime contractor and all key subcon	tractors).
(Check)			
PRIME J-V PARTNER SUBCON- TRACTOR	9. FIRM NAME	10. ADDRESS	11. ROLE IN THIS CONTRACT
- 5 S E			
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	TIONAL CHART OF PROPOSED TEAM		(Attached)

ARCHITECT - ENGINEER QUALIFICATIONS

PART I - CONTRACT-SPECIFIC QUALIFICATIONS

A. CONTRACT INFORMATION

2. PUBLIC NOTICE DATE 3. SOLICITATION OR PROJECT NUMBER

B. ARCHITECT-ENGINEER POINT OF CONTACT

4. NAME AND TYTLE

5. NAME OF FIRM

6. TELEPHONE NUMBER

7. FAX NUMBER

8. E-MAIL ADDRESS

STANDARD
PORM (SF)
25.5

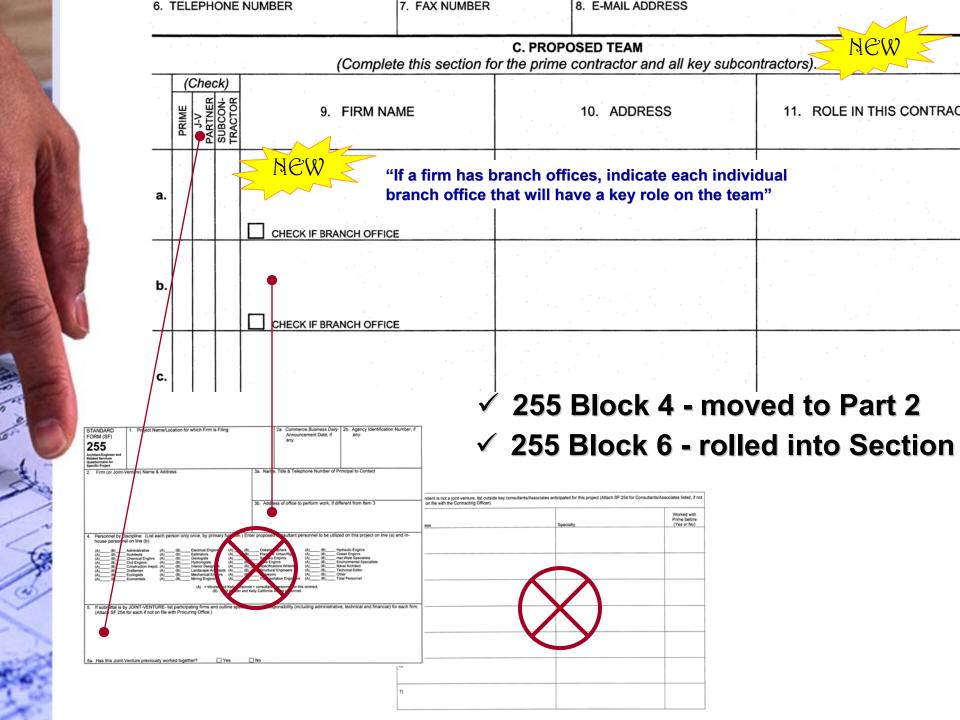
26. Contractor Business Dally
Announcement Dalls, if
any
Announcement Dalls,

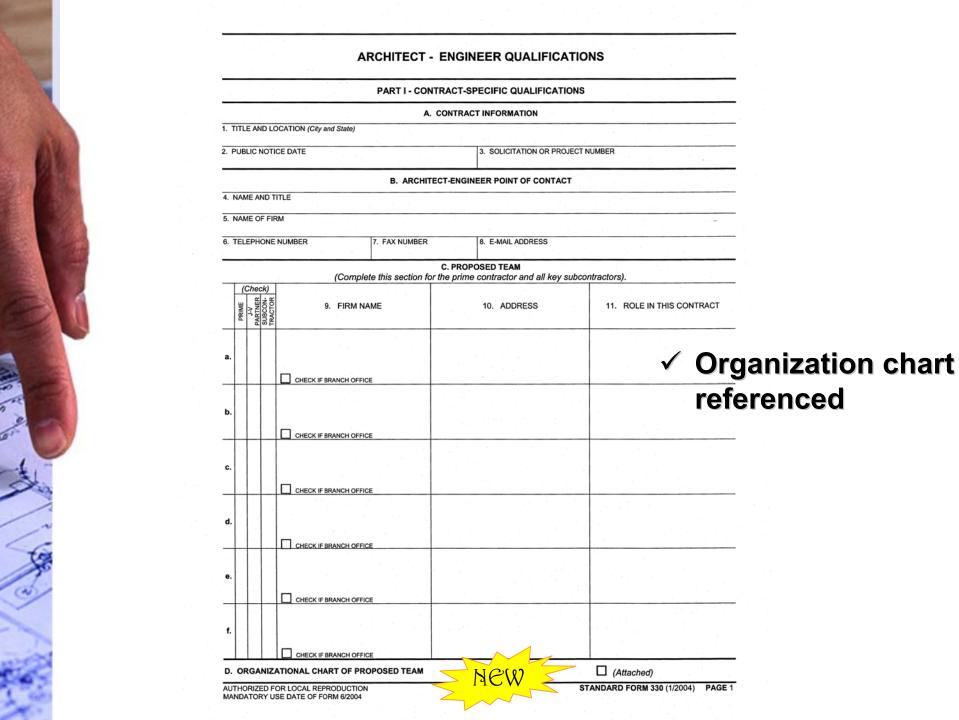
1. TITLE AND LOCATION (City and State)

✓ Layout changes

ARCHITECT - ENGINEER QUALIFICATIONS

PART	I - CONTRACT-SPECIFIC QUALIFICATIONS
	A. CONTRACT INFORMATION
TITLE AND LOCATION (City and State)	
2. PUBLIC NOTICE DATE	3. SOLICITATION OR PROJECT NUMBER
В.	ARCHITECT-ENGINEER POINT OF CONTACT
4. NAME AND TITLE	
5. NAME OF FIRM	
6. TELEPHONE NUMBER 7. FAX N 1. Project NameLocation for which Firm is Filing: 2a. Commerce Business Daily 2b. Agricy Identification Number, if	• A CW -
Announcement Date, if any: and oint-Venture) Name & Address Sa /Name, Title & Response Number of Principal to Contact	
3b. Address of office to perform work, if different from item 3 by Discipline: (List each person only once, by primary function.) Enter proposed consultant personnel to be utilized on this project on line (a) and in- connected on fine (b).	✓ Contact information consolidated
Administrative (A) (B) Exertical Engine (A) (B) Oceanographes (A) (B) Hybraulic Engins Architects (A) (B) Cassinative (A) (B) Persone Usban-Right (A) (B) Costantian (A) (B) Cassinative (





ARCHITECT - ENGINEER QUALIFICATIONS

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	PART I - CONTRACT-S	SPECIFIC QUALIFICATIONS		•
		CT INFORMATION		_ ·
TITLE AND LO	OCATION (City and State)			
PUBLIC NOTI	ICE DATE	3. SOLICITATION OR PROJECT	NUMBER	•
	B. ARCHITECT-ENGI	NEER POINT OF CONTACT		
NAME AND T	TITLE			•
NAME OF FIR	RM			
TELEPHONE	NUMBER 7. FAX NUMBER	8. E-MAIL ADDRESS		
		POSED TEAM		• ;
(Check)	(Complete this section for the prim	e contractor and all key subco	ontractors).	
PRIME J-V PARTNER SUBCON- TRACTOR	9. FIRM NAME	10. ADDRESS	11. ROLE IN THIS CONTRACT	
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. ORGANIZ	ATIONAL CHART OF PROPOSED TEAM		(Attached)	

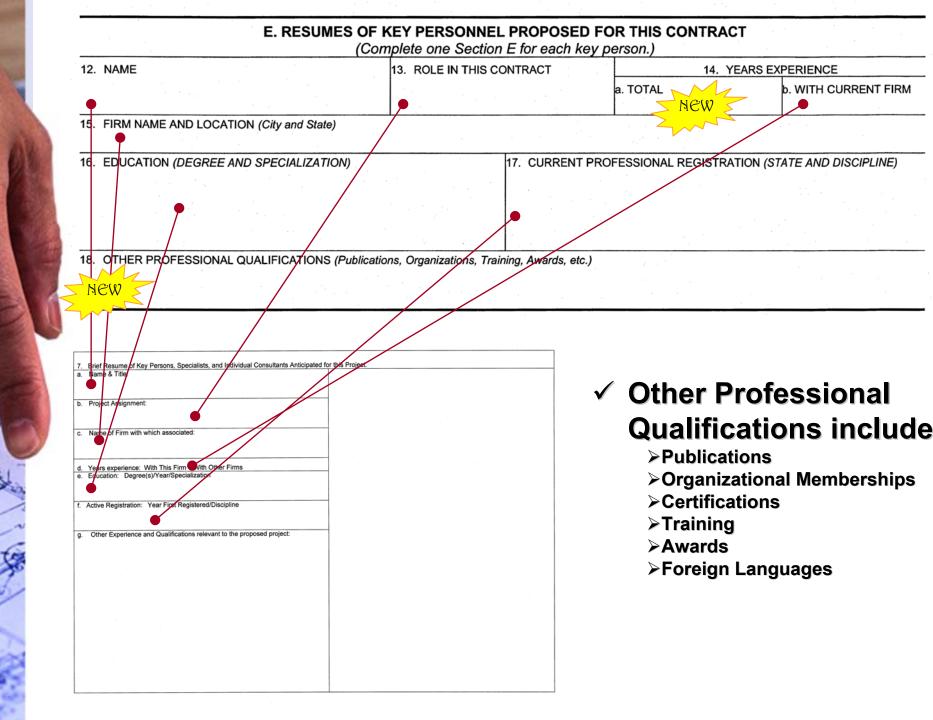
AUTHORIZED FOR LOCAL REPRODUCTION MANDATORY USE DATE OF FORM 6/2004

STANDARD FORM 330 (1/2004) PAGE 1

Resumes

7.	
a.	Name & Title:
b.	Project Assignment:
,	
C.	Name of Firm with which associated:
d.	
e.	Education: Degree(s)/Year/Specialization
f.	Active Registration: Year First Registered/Discip
g.	Other Experience and Qualifications relevant to
-	

New Same	(Complete one Section E for each				
	13. ROLE IN THIS CONTRACT		14. YEARS EXPERIENCE		
		a. TOTAL	b. WITH CURRENT FIRM		
FIRM NAME AND LOCATION (City and St	ate)				
EDUCATION (DEGREE AND SPECIALIZA	TION) 17. CURREN	T PROFESSIONAL REGISTR	RATION (STATE AND DISCIPLINE)		
	to the second se				
OTHER PROFESSIONAL QUALIFICATION	NS (Publications, Organizations, Training, Awards, e	etc.)			
	19. RELEVANT PROJECT	s			
(1) TITLE AND LOCATION (City and State)	(2)	YEAR COMPLETED		
		PROFESSIONAL SER	RVICES CONSTRUCTION (If applicable		
(3) BRIEF DESCRIPTION (Brief scope, size	ze_cost_etc.) AND SPECIFIC ROLE	Check if project	t performed with current firm		
(b) Brazi Bedorai Hort (Brief Scope, Siz	is, cost, cits, AND of Lon to NOLL				
(1) TITLE AND LOCATION (City and State)	(2)	YEAR COMPLETED		
		PROFESSIONAL SER	RVICES CONSTRUCTION (If applicable		
(3) BRIEF DESCRIPTION (Brief scope, size	ze cost etc.) AND SPECIFIC BOLE	Check if project	t performed with current firm		
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		PROFESSIONAL SER	RVICES CONSTRUCTION (If applicable		
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		PROFESSIONAL SER	RVICES CONSTRUCTION (If applicable		
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(3) BRIEF DESCRIPTION (Brief scope, size	ze cost etc.) AND SPECIFIC ROLE	Check if project	t performed with current firm		
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100					
(1) TITLE AND LOCATION (City and State	9)	(2)	YEAR COMPLETED		
		PROFESSIONAL SER	RVICES CONSTRUCTION (If applicable		
		and the same of th			
(3) BRIEF DESCRIPTION (Brief scope, size	Ze cost etc.) AND SPECIFIC DOLF	Check if project	t performed with current firm		
(5) BRIEF DESCRIPTION (Brief scope, St.	20, COSI, BIC. / AND SPECIFIC ROLE	Clieck ii blolec	Ponomico mui curient min		
and the second second					
			ARD FORM 330 (1/2004) PAG		



	19. REL	EVANT PROJECTS		
(1) TITLE AND LOCATION (City and State)				COMPLETED
		new	PROFESSIONAL SERVICES	S CONSTRUCTION (If applical
a. (3) BRIEF DESCRIPTION (Brief scope, size, o	cost, etc.) AND SPECIFIC F	ROLE	Check if project perfo	rmed with current firm
"Provide up to 5 projects in person's capability relevant	•	_		es the
(1) TITLE AND LOCATION (City and State)				COMPLETED
			•	CONSTRUCTION (If applicat
		NC(I)		eave year completed
3) BRIEF DESCRIPTION (Brief scope, size, o	cost, etc.) AND SPECIFIC F	ROLE	blank and indicate description and sp	
			accomption and sp	
Brief Resume of Key Persons, Specialists, and Individual Consultants Anticipated for this Name & Title:	s Project.			
Project Assignment:	✓ (Only 5 pro	ojects per p	erson
Name of Firm with which associated:		_		_
Years experience: With This Firm With Other Firms	✓ (Can use p	revious exp	perience
ducation: Degree(s)/Year/Specialization	4	e long as	s box is not	chacked
ctive Registration: Year First Registered/Discipline	•	as long as	BOX IS HOL	CHECKEU
Other Experience and Qualifications relevant to the proposed project:	√ I	Muet liet v	ear comple	tod
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		construct	_	
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12. NAME	(Complete one Section E for each ke	<u> </u>	YEARS EXPERIENCE
E. NAME	13. ROLE IN THIS CONTRACT	a. TOTAL	b. WITH CURRENT FIRM
FIRM NAME AND LOCATION (City and Sta	te)		
EDUCATION (DEGREE AND SPECIALIZATION)	TION) 17. CURRENT	PROFESSIONAL REGISTI	RATION (STATE AND DISCIPLINE)
3. OTHER PROFESSIONAL QUALIFICATION	S (Publications, Organizations, Training, Awards, etc.)	
· · · · · · · · · · · · · · · · · · ·	19. RELEVANT PROJECTS		
(1) TITLE AND LOCATION (City and State)			YEAR COMPLETED
		PROFESSIONAL SER	RVICES CONSTRUCTION (If applicable)
(3) BRIEF DESCRIPTION (Brief scope, size	e cost etc.) AND SPECIFIC POLE	Check if project	t performed with current firm
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		PROFESSIONAL SER	RVICES CONSTRUCTION (If applicable)
(3) BRIEF DESCRIPTION (Brief scope, size	e cost etc.) AND SPECIFIC POLE	Check if project	t performed with current firm
(3) BRIEF DESCRIPTION (Brief scope, Size	s, cost, etc./ AND SPECIFIC NOLE		periorined that derivate time
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(3) BRIEF DESCRIPTION (Brief scope, size	e, cost, etc.) AND SPECIFIC ROLE	Check if project	et performed with current m
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			-51101
(1) TITLE AND LOCATION (City and State)			YEAR COMPLETED
			RVICES CONSTRUCTION (If applicable)
(3) BRIEF DESCRIPTION (Brief scope, size	e, cost, etc.) AND SPECIFIC ROLE	Check if project	t performed with current firm
		STANDA	ARD FORM 330 (1/2004) PAGE 2

Project Pages

8. Work by firm or joint-venture members which t

b. Nature of Firm

Responsibility

(List not more than 10 projects)

a. Project Name & Location



F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S **QUALIFICATIONS FOR THIS CONTRACT**

resent as many	projects as requeste	d by the agency,	or 10 projects,	if not specified.
	Complete one Se	ection F for each	project.)	

21. TITLE AND LOCATION (City and State)

22. YEAR COMPLETED PROFESSIONAL SERVICES CONSTRUCTION (if applicable)

c. POINT OF CONTACT TELEPHONE NUMBER

STANDARD FORM 330 (1/2004) PAGE 3

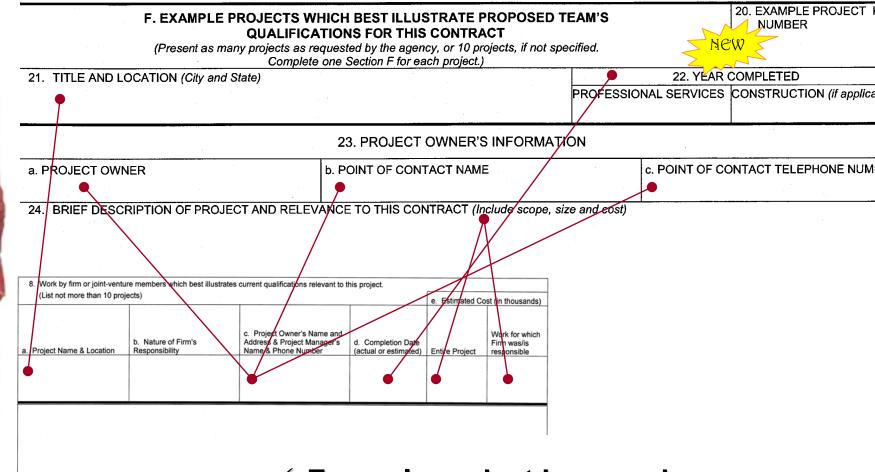
20. EXAMPLE PROJECT KEY NUMBER

23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER b. POINT OF CONTACT NAME

24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT (Include scope, size and cost)

	25. FIRM	S FROM SECTION C INVOLVED WITH THIS PR	OJECT
	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
a.			
	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
b.			
_	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
c.			
	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
d.			
1-	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
e.			
_	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
f.			



- ✓ Example project key number
- ✓ Dates for professional services as well as construction completion

(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE

STANDARD FORM 330 (1/2004)

- ✓ Proof of teaming arrangements and past experience with subconsultants listed in proposal
- ✓ Only subconsultants that worked on the project and are on team should be listed
- ✓ May limit outreach, new teaming opportunities

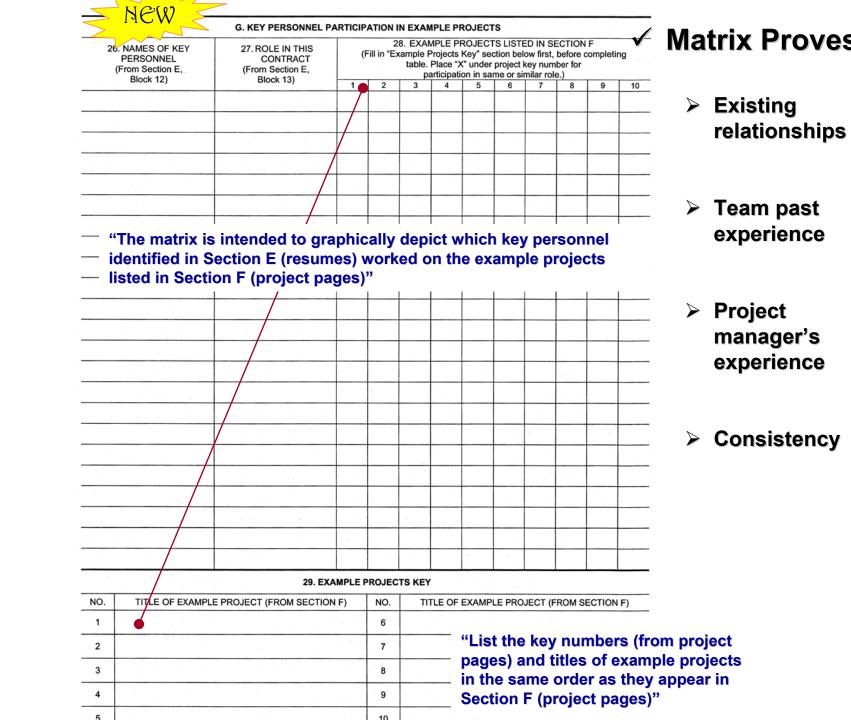
		OJECTS WHICH BEST ILLUSTRATE PROPOSED T QUALIFICATIONS FOR THIS CONTRACT projects as requested by the agency, or 10 projects, if not spe Complete one Section F for each project.)	
	21. TITLE AND LOCATION (City and Sta		22. YEAR CO PROFESSIONAL SERVICES O
To be a second		23. PROJECT OWNER'S INFORMATION	ON
	a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF COM
The same of	24. BRIEF DESCRIPTION OF PROJECT	AND RELEVANCE TO THIS CONTRACT (Include scope, siz	ze and cost)
B) %			
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	<u> - </u>		
4		25. FIRMS FROM SECTION C INVOLVED WITH T	THIS PROJECT
100	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
/	a.		
~	(1) FIRM NAME b.	(2) FIRM LOCATION (City and State)	(3) ROLE
6	<u>.</u>		
1	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
	••		

20. EXAMPLE PROJECT KEY OMPLETED CONSTRUCTION (if applicable)

stions???

	25. FIRMS	FROM SECTION C INVOLVED WITH THIS PRO	JECT
a.	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
— b.	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
е.	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION (City and State)	(3) ROLE

STANDARD FORM 330 (1/2004) PAGE 3

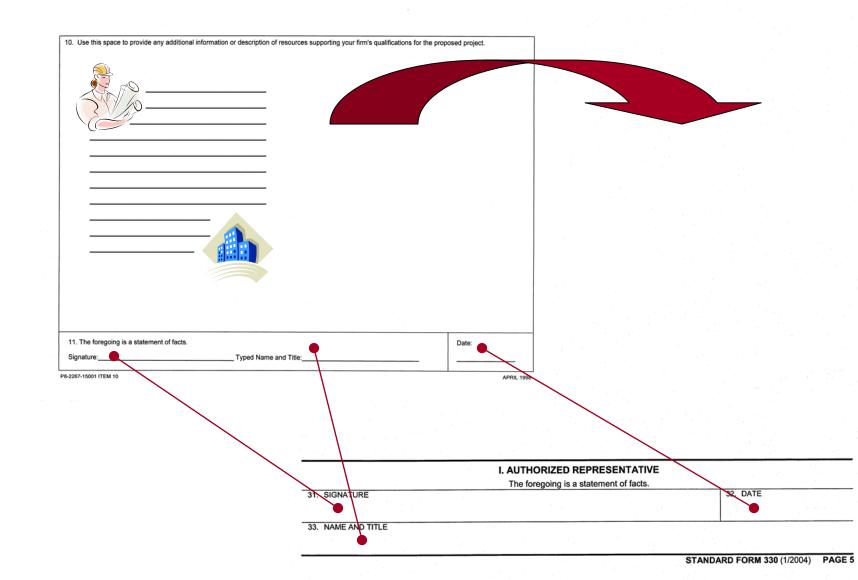


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Name of the last	26. NAMES OF KEY PERSONNEL (From Section E, Block 12)	27. ROLE IN THIS CONTRACT (From Section E, Block 13)	(Fill in	Example tabl	e Projects e. Place ". participat	Key" se X" unde	ction be	low first, key num	before of		ng			
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H. ADDITIONAL INFORMATION

30. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE AGENCY. ATTACH ADDITIONAL SHEETS AS NEEDED.

Additional Information



Questions for SF 330 - Part 1

Part 2

General Information

√ 254 is completely replaced

✓ EPC codes replaced with new experience categories (profile codes)

✓ New discipline codes (function codes)

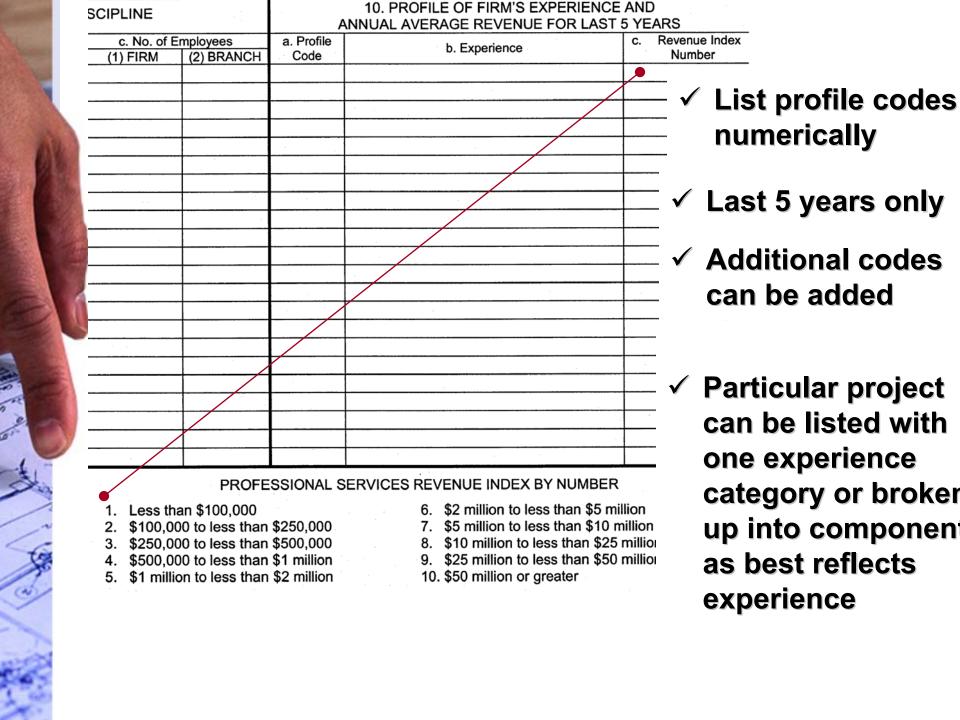
ARCI	HITECT-ENG	INEER QU	ALIFICAT	TIONS	SOLICITATION NUMBE	R (If any)
	(If a firm has b			QUALIFICATION	ONS anch office seeking work.)
2a. FIRM (OR BRANC	·			, , ,	3. YEAR ESTABLISHED	4. DUNS NUMBER
2b. STREET		*			5. OW	/NERSHIP
					a. TYPE	
O. O.T.		· 'i'	D.I. OTATE	h- 710 0005		
2c. CITY			2d. STATE	2e. ZIP CODE	b. SMALL BUSINESS STAT	103
6a. POINT OF CONTAC	CT NAME AND TITLE				7. NAME OF FIRM (If bloo	ck 2a is a branch office)
6b. TELEPHONE NUM	BER	6c EMAII	ADDRESS		i ka	
30. TEEETHONE NOM					OF AD ESTABLISHED	On DUNC NUMBER
	8a. FORMER	R FIRM NAME(S) (If any)		8b. YR. ESTABLISHED	8c. DUNS NUMBER
New 5	EMPLOYEES BY DIS	SCIPLINE		new	F FIRM'S EXPERII	
Code	b. Discipline	c. No. of Empl (1) FIRM (2		Cod	b. Experience	c. Revenue Index Number
		(1) FIRM	DIVINOIT			170111001
					-	
			· ·			
,						
Other Er	mplovees					
		<u> </u>				1050
	VENUES OF FIRM 3 YEARS	1. Less than \$ 2. \$100,000 to	\$100,000 o less than \$25	50,000	6. \$2 million to less than7. \$5 million to less than	\$5 million \$10 million
a. Federal Work		4. \$500,000 to	o less than \$1	million	9. \$25 million to less than	
	-	5. \$1 million t	o less than \$2	million	10. \$50 million or greater	
		12.	AUTHORIZED I	REPRESENTATIVE		
<u> </u>	<u> </u>			statement of facts.		
a. SIGNATURE					b. DATE	
c. NAME AND TITLE						
11. ANNUAL AVERAL SERVICES RE' FOR LAST (Insert revenue Index n a. Federal Work b. Non-Federal Work c. Total Work	Total GE PROFESSIONAL VENUES OF FIRM 3 YEARS umber shown at right)	2. \$100,000 to 3. \$250,000 to 4. \$500,000 to 5. \$1 million to	\$100,000 o less than \$25 o less than \$50 o less than \$1 to less than \$2	50,000 00,000 million million	\$5 million to less than \$10 million to less that \$25 million to less that \$25 million or greater	\$5 million \$10 million n \$25 million n \$50 million

ARCHITECT-ENGINEER QUALIFICATIONS	1. SOLICITATION NUMBER (If any)
PART II - GENERAL QUALIFICATION (If a firm has branch offices, complete for each specific branch of the complete for each specific branch of the complete for each specific branch of the complete for each specific branch	
2a. FIRM (OR BRANCH OFFICE) NAME	3. YEAR ESTABLISHED 4. DUNS NUMBER
2b. STREET	5. OWNERSHIP
	a. TYPE
2c. CITY 2d. STATE 2e. ZIP CODE	b. SMALL BUSINESS STATUS
6a. POINT OF CONTACT NAME AND TITLE	7. NAME OF FIRM (If block 2a is a branch office)
6b. TELEPHONE NUMBER 6c. EMAIL ADDRESS	
8a. FORMER FIRM NAME(S) (If any)	8b. YR. ESTABLISHED 8c. DUNS NUMBER

- ✓ If multiple offices submitting, one per office is required
- ✓ Subconsultant must prepared a Part II for each submittal

	9. EMPLOYEES BY	DISCIPLINE	* .
a. Function Code	b. Discipline	c. No. of E	Employees
Code		(1) FIRM	(2) BRANCH
			1
			
· · · · · · · · · · · · · · · · · · ·			
		· .	
			-
	Other Employees		
	Tota		

- ✓ List function codes numerically
- √ 20 codes (max)
- ✓ Additional disciplines can be added
- ✓ Each person
 counted only once
 (multiple disciplines need to
 have primary)
- ✓ Can be completed for company or branch office



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			, S	TANDARD FORM 330 (1/2004) PA	AGF 6
			· · · · · · · · · · · · · · · · · · ·		
a. SIGNATURE				b. DATE	
c. Total Work		3. \$1 mmon to less than \$2 m	10. \$50 11	illion of greater	
		4. \$500,000 to less than \$1 mi	illion 9. \$25 n	nillion to less than \$50 million	
(Insert revenue Index nu	Non-Federal Work 5. \$1 million to less than \$2 million 10. \$50 million or greater 12. AUTHORIZED REPRESENTATIVE The foregoing is a statement of facts.				
FOR LAST	/ENUES OF FIRM 3 YEARS	1. Less than \$100,000	6. \$2 mi	llion to less than \$5 million	

a

				SOLICITATION NUMB	ER (If any)	
ARCHITECT-EN	GINEER (QUALIFIC	ATIONS			
			RAL QUALIFICA		. '	,
(If a firm has	branch office	es, complete f	or each specific	branch office seeking work		
STREET			,			
). SIREE!				5. OV	WNERSHIP	
				a. TYPE		
. CITY		2d. STATI	E 2e. ZIP COD	b. SMALL BUSINESS STA	TUS	
. POINT OF CONTACT NAME AND TITL	-		·	7 NAME OF FIRM (If b)	ock 2a is a branch office)	
I. POINT OF CONTACT NAME AND THE				7. NAME OF FIRM (II DIG	ock za is a branch onice)	
. TELEPHONE NUMBER	les F	MAIL ADDRESS	,	<u> </u>		
				0: VD 507481481451	8c. DUNS NUMBER	
8a. FORM	IER FIRM NAME	(S) (If any)		8b. YR. ESTABLISHED	8C. DUNS NUMBER	
9. EMPLOYEES BY	DISCIPLINE	-:		PROFILE OF FIRM'S EXPERI AL AVERAGE REVENUE FOR		
a. Function b. Discipline	c. No. of (1) FIRM	Employees (2) BRANCH	a. Profile Code	b. Experience	c. Revenue Index Number	, •*
0000	(1) FIRM	(2) DIVINOIT			770770	
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Other Employees	-					
Total 11. ANNUAL AVERAGE PROFESSIONAL		PROFF	SSIONAL SERVI	CES REVENUE INDEX BY NU	MRER	
SERVICES REVENUES OF FIRM FOR LAST 3 YEARS	1 .	han \$100,000	SOIONAL SERVI	6. \$2 million to less than		
insert revenue Index number shown at righ	2. \$100,0	000 to less than 000 to less than		 \$5 million to less than \$10 million to less than 	\$10 million	
a. Federal Work b. Non-Federal Work	4. \$500,0	000 to less than	\$1 million	\$25 million to less that	n \$50 million	
c. Total Work	5. \$1 mill	lion to less than	\$2 million	10. \$50 million or greater		
		12. AUTHORIZI	ED REPRESENTATI	IVE		r, *
CIONATURE		The foregoing	is a statement of fact		<u> </u>	
SIGNATURE				b. DAT	E	

Submittal Requirements

For As-Needed Rotation Lists

Electronic or Paper Submission of SOQs

A. Submit:

- One (1) original paper copy with original signatures,
- One (1) additional paper copy, and
- Six (6) electronic (CD) copies.

This new option is a PILOT and not a permanent policy change.

- B. Electronic SOQ copies must be submitted in Adobe (PDF) format, on CD, with secure digital signature(s) on each copy.
- C. For each discipline submit six CDs; each CD must contain one (1) PDF file for one discipline (include sub-discipline, if applicable). The PDF file must be encrypted and secured, and must have the print function enabled. A full version of Adobe Acrobat is necessary to meet these requirements. Each CD must also be signed on the top surface label. Submit your CDs in standard 3/8" jewel cases; see the Illustrated Electronic SOQ for further instructions.

- D. Firms not wishing to submit electronic documents may submit one (1) original paper copy with original signatures and seven (7) paper copies.
- E. Upon review of the SOQ, we may ask for corrections. Therefore, please follow all instructions carefully. If you are required to make corrections, we will ask you to provide a new set of SOQs.
- F. Disciplines requiring further review and rating by the Consultant Nominating Committee may require firms to submit additional (up to 8) paper copies. These paper copies <u>must</u> be exact copies of the original SOQ. Any submittal that is found not to be an exact copy may be rejected for non-responsiveness. That firm's SOQ may not be sent to the CNC and may be denied placement on the Consultant Rotation List. SOQs shall be stapled, not bound. Neither plastic covers nor dividers are acceptable as part of your Statement of Qualifications. Submittal envelopes and boxes <u>must</u> be marked on the outside with the name of the discipline and either the word "Large" or the word "Small."